

CONSENT FORM FOR COVID-19 TESTING

What is this form?

We are seeking your consent to test your child for COVID-19 infection. The New York City Department of Education (NYC DOE) working with NYC Health + Hospitals and the New York City Department of Health and Mental Hygiene, has partnered with laboratories and other providers to test NYC DOE students, teachers, and staff members for COVID-19 infection.

How often would you test my child?

Our laboratory and provider testing partners will come to every school periodically to test some of the students, teachers, and staff. If you consent, your child may be selected for testing on one or more of these occasions, and your child may also be tested (1) in accordance with state and city mandates, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection, or (4) in connection with their participation in an extracurricular activity for which testing may be conducted.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

How will I know if my child tests positive?

If your child has a specimen collected for testing, we will send information home with them to let you know. COVID-19 test results will generally be provided within 48-72 hours.

What should I do when I receive my child's test results?

If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You must keep your child at home and should inform your child's school. If your child's test results are negative, this means that the virus was not detected in your child's specimen. Tests **sometimes** produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor. If you need help finding a doctor, call (844) NYC-4NYC.

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT PARTICIPANT

PARENT/GUARDIAN INFORMATION

Parent/Guardian (Print Name): _____

Parent/Guardian Address: _____

Parent/Guardian Tel./Mobile #: _____

Parent/Guardian Email address: _____

Best way to contact you: _____

CHILD INFORMATION

Child (Print Name): _____

Child School ID/OSIS # (if known): _____

Child Date of Birth: _____

Child Home Address: _____

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with and among certain New York City and New York State agencies and their contracted service providers, including those listed below. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your community. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), cohort/pod, enrollment and attendance history, afterschool or other extracurricular program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will **only** be done in accordance with applicable law and City policies protecting privacy and the security of your child's data.

1. NYC Department of Education
2. NYC Department of Health and Mental Hygiene
3. NYS Department of Health
4. NYC Department of Youth and Community Development
5. NYC Health and Hospitals Corporation
6. Contracted Service Providers for COVID-19 Testing

CONSENT

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested at multiple times through September 30, 2022, and that testing may occur (1) on days scheduled by the NYC DOE in accordance with the testing program or state and city mandates, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection, or (4) in connection with their participation in an extracurricular activity for which testing is recommended (for example, sports).

- I understand that this consent form will be valid through September 30, 2022, unless I notify the designated contact person from my child’s school **in writing** that I revoke my consent.
- I understand that my child’s test results and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to “my child” refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian: _____ Date: _____

(if child is under age 18)

Signature of Student: _____ Date: _____

(if age 18 or over or otherwise authorized to consent)